

B1 (Official Form 1)(12/11)

United States Bankruptcy Court Western District of Oklahoma		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 73-0784195		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 100 Valley Drive Pauls Valley, OK <div style="text-align: right; font-size: small;">ZIP Code 73075</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Garvin		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above): 100 Valley Drive Pauls Valley, OK 73075		
Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) Municipality	Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000 </div>		
Estimated Assets <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>		
Estimated Liabilities <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>		

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X

Signature of Attorney for Debtor(s)

(Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Signature of Attorney*

X /s/ Chad J. Kutmas
Signature of Attorney for Debtor(s)

Chad J. Kutmas 19505

Printed Name of Attorney for Debtor(s)

McDonald McCann & Metcalf, L.L.P.

Firm Name

15 E. Fifth Street, Suite 1800
Tulsa, OK 74103

Address

918.430.3700 Fax: 918.430.3770

Telephone Number

March 1, 2013

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Tim Gamble
Signature of Authorized Individual

Tim Gamble

Printed Name of Authorized Individual

Chairman of the Pauls Valley Hospital Authority

Title of Authorized Individual

March 1, 2013

Date

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Western District of Oklahoma

In re Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital

Debtor(s)

Case No. _____

Chapter

9

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
ADMINISTRATIVE CONSULTANT SVCS P O BOX 3368 SHAWNEE, OK 74802	ADMINISTRATIVE CONSULTANT SVCS P O BOX 3368 SHAWNEE, OK 74802	Trade Debt		42,467.18
CHICKASAW TELECOM INC 5 NORTH MCCORMICK OKLAHOMA CITY, OK 73127-6620	CHICKASAW TELECOM INC 5 NORTH MCCORMICK OKLAHOMA CITY, OK 73127-6620	Trade Debt		40,876.82
CHRIS WHYBREW 1215 W Edgewater Place Broken Arrow, OK 74012	CHRIS WHYBREW 1215 W Edgewater Place Broken Arrow, OK 74012	Trade Debt	Disputed	260,000.00
CIMARRON INS EXCHANGE, RRG P O BOX 1838 OKLAHOMA CITY, OK 73101-1838	CIMARRON INS EXCHANGE, RRG P O BOX 1838 OKLAHOMA CITY, OK 73101-1838	Trade Debt		197,024.90
CONNECT HEALTH PROFESSIONALS 2411 SPRINGER DRIVE NORMAN, OK 73069	CONNECT HEALTH PROFESSIONALS 2411 SPRINGER DRIVE NORMAN, OK 73069	Trade Debt		128,025.79
EM-CARE PHYSICIAN SERVICES 7032 COLLECTION CENTER DR CHICAGO, IL 60693	EM-CARE PHYSICIAN SERVICES 7032 COLLECTION CENTER DR CHICAGO, IL 60693	Trade Debt		56,250.00
J & J HEALTH CARE SYSTEMS P O BOX 406663 ATLANTA, GA 30384	J & J HEALTH CARE SYSTEMS P O BOX 406663 ATLANTA, GA 30384	Trade Debt		36,092.30
MCKESSON MCKESSON TECHNOLOGIES INC. P O BOX 98347 CHICAGO, IL 60693-8347	MCKESSON MCKESSON TECHNOLOGIES INC. P O BOX 98347 CHICAGO, IL 60693-8347	Trade Debt		571,611.78

B4 (Official Form 4) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
MEDICAL SOLUTIONS 9101 WESTERN AVE SUITE 101 OMAHA, NE 68114	MEDICAL SOLUTIONS 9101 WESTERN AVE SUITE 101 OMAHA, NE 68114	Trade Debt		50,008.28
MIDLAND GROUP P O BOX 229161 SHAWNEE MISSION, KS 66201	MIDLAND GROUP P O BOX 229161 SHAWNEE MISSION, KS 66201	Trade Debt		73,739.88
MITCHELL CHARLES 200 MELVILLE DRIVE PAULS VALLEY, OK 73075	MITCHELL CHARLES 200 MELVILLE DRIVE PAULS VALLEY, OK 73075	Trade Debt		76,577.11
OHCA PREMIUM ACCOUNT PREMIUM PAYMENT P O BOX 2038 OKLAHOMA CITY, OK 73101-2038	OHCA PREMIUM ACCOUNT PREMIUM PAYMENT P O BOX 2038 OKLAHOMA CITY, OK 73101-2038	Trade Debt	Disputed	141,827.00
OK STATE/EDUCA GRP INS BOARD ACCOUNTING DEPT P O BOX 58010 OKLAHOMA CITY, OK 73157-8010	OK STATE/EDUCA GRP INS BOARD ACCOUNTING DEPT P O BOX 58010 OKLAHOMA CITY, OK 73157-8010	Trade Debt		56,361.32
OKLAHOMA BLOOD INSTITUTE DEPT #96-0115 OKLAHOMA CITY, OK 73196-0115	OKLAHOMA BLOOD INSTITUTE DEPT #96-0115 OKLAHOMA CITY, OK 73196-0115	Trade Debt		42,068.50
OKLAHOMA EMPLOYMENT SEC. COMM. P O BOX 52004 OKLAHOMA CITY, OK 73152-2004	OKLAHOMA EMPLOYMENT SEC. COMM. P O BOX 52004 OKLAHOMA CITY, OK 73152-2004	Unemployment Insurance/Taxes		41,895.61
OKLAHOMA TAX COMMISSION BUSINESS TAX DIVISION 2501 North Lincoln Blvd. Oklahoma City, OK 73194-0009	OKLAHOMA TAX COMMISSION BUSINESS TAX DIVISION 2501 North Lincoln Blvd. Oklahoma City, OK 73194-0009	Taxes		44,537.01
P V GENERAL HOSP FOUNDATION 100 VALLEY DRIVE PAULS VALLEY, OK 73075	P V GENERAL HOSP FOUNDATION 100 VALLEY DRIVE PAULS VALLEY, OK 73075	Trade Debt		365,290.00
REAVIS DME ATTN: DME P O BOX 1220 PAULS VALLEY, OK 73075	REAVIS DME ATTN: DME P O BOX 1220 PAULS VALLEY, OK 73075	Trade Debt		64,586.54

B4 (Official Form 4) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
TOTAL MEDICAL PERSONNEL STAFNG P O BOX 26243 OKLAHOMA CITY, OK 73126	TOTAL MEDICAL PERSONNEL STAFNG P O BOX 26243 OKLAHOMA CITY, OK 73126	Trade Debt		138,945.38
UNITED STATES TREASURY INTERNAL REVENUE SERVICE P.O. BOX 105083 ATLANTA, GA 30348-5083	UNITED STATES TREASURY INTERNAL REVENUE SERVICE P.O. BOX 105083 ATLANTA, GA 30348-5083	Taxes		423,539.95

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Chairman of the Pauls Valley Hospital Authority of the Municipality named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **March 1, 2013**

Signature **/s/ Tim Gamble**
Tim Gamble
Chairman of the Pauls Valley Hospital Authority

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B6D (Official Form 6D) (12/07)

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Linens					
ANGELICA CORPORATION P O BOX 535122 ATLANTA, GA 30353-5122		-						
			Value \$ Unknown				7,248.84	Unknown
Account No.			Lab equipment					
DE LAGE LANDEN P O BOX 41602 PHILADELPHIA, PA 19101-1602		-						
			Value \$ Unknown				2,187.61	Unknown
Account No.			Dishwasher					
ECOLAB P O BOX 70343 CHICAGO, IL 60673-0343		-						
			Value \$ Unknown				114.95	Unknown
Account No.			McKesson Paragon Billing Hardware & Software for Medicare					
FIRST FINANCIAL DEPT #2067 P O BOX 87618 CHICAGO, IL 60680		-						
			Value \$ Unknown				2,072,870.00	Unknown
Subtotal (Total of this page)							2,082,421.40	0.00

4 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Copiers					
GREAT AMERICA LEASING CORP P O BOX 660831 DALLAS, TX 75266-0831	-							
			Value \$ Unknown				4,325.00	Unknown
Account No.			PCA pumps					
HPES HEALTHCARE PROF EQUIP SVCS P O BOX 318 ELLIS, KS 67637	-							
			Value \$ Unknown				2,400.00	Unknown
Account No.			Oxygen tanks					
JAMES SUPPLY P O BOX 360 PAULS VALLEY, OK 73075	-							
			Value \$ Unknown				5,900.26	Unknown
Account No.			Lab equipment					
LEASING ASSOCIATES OF BARRINGTON 33 WEST HIGGINS ROAD SUITE 1030 SOUTHBARRINGTON, IL 60010	-							
			Value \$ Unknown				77,983.00	Unknown
Account No.			Pacs, Portable xray					
LFC CAPITAL INC MB FINANCIAL BANK, NA LEASING 6111 NORTH RIVER RD, 9th FLOOR ROSEMONT, IL 60018	-							
			Value \$ Unknown				126,127.00	Unknown
Subtotal							216,735.26	0.00
(Total of this page)								

Sheet 1 of 4 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			Pagers					
PAGE PLUS, INC. 10222 EAST 41 STREET TULSA, OK 74146		-						
			Value \$ Unknown				256.25	Unknown
Account No.			Copiers					
PAINE BUSINESS MACHINES 205 W PAUL AVENUE PAULS VALLEY, OK 73075		-						
			Value \$ Unknown				4,275.00	Unknown
Account No.			Hospital Revenue, Mortgage on Property					
PAULS VALLEY GENERAL HOSPITAL/FUB DEBT S 100 VALLEY DRIVE TRAN FROM OPERA, OK 73075		-						
			Value \$ Unknown				635,777.00	Unknown
Account No.			Coag analyzer, laparoscopy					
PAULS VALLEY NATIONAL BANK 101 WEST PAUL PAULS VALLEY, OK 73075		-						
			Value \$ Unknown				772,662.00	Unknown
Account No.			Postage Machine					
PITNEY BOWES GLOBAL FINAN SVCS P O BOX 371887 PITTSBURG, PA 15250-7887		-						
			Value \$ Unknown				1,401.76	Unknown
Subtotal							1,414,372.01	0.00
(Total of this page)								

Sheet **2** of **4** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.			MRI					
SIEMENS FINANCIAL SERVICES P O BOX 2083 CAROL STREAM, IL 60132-2083		-						
			Value \$ Unknown				2,649.00	Unknown
Account No.			Bed Rentals					
SIZEWISE RENTALS P O BOX 320 ELLIS, KS 67637		-						
			Value \$ Unknown				324.00	Unknown
Account No.			Chillers					
SOVEREIGN LEASING LLC P O BOX 14565 READING, PA 19612		-						
			Value \$ Unknown				211,044.00	Unknown
Account No.			Willows Mortgage					
ST ANTHONY BUS OFFICE ACCT # 1055200 P O BOX 205 OKLAHOMA CITY, OK 73101-0205		-						
			Value \$ Unknown				1,096,457.38	Unknown
Account No.			Builders					
STATE BANK OF WYNNEWOOD P O BOX 369 WYNNEWOOD, OK 73098		-						
			Value \$ Unknown				47,657.00	Unknown
Subtotal							1,358,131.38	0.00
(Total of this page)								

Sheet **3** of **4** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. TRACTMANAGER INC P O BOX 637785 CINCINNATI, OH 45263-7785		-	Scanner Value \$ Unknown				11,772.40	Unknown
Account No. Value \$								
Account No. Value \$								
Account No. Value \$								
Account No. Value \$								
Sheet 4 of 4 continuation sheets attached to Schedule of Creditors Holding Secured Claims							Subtotal (Total of this page) 11,772.40	0.00
Total (Report on Summary of Schedules)							5,083,432.45	0.00

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Unemployment Insurance/Taxes					
OKLAHOMA EMPLOYMENT SEC. COMM. P O BOX 52004 OKLAHOMA CITY, OK 73152-2004	-						41,895.61	0.00
Account No.			Taxes					
OKLAHOMA TAX COMMISSION BUSINESS TAX DIVISION 2501 North Lincoln Blvd. Oklahoma City, OK 73194-0009	-						44,537.01	0.00
Account No.			Taxes					
UNITED STATES TREASURY INTERNAL REVENUE SERVICE P.O. BOX 105083 ATLANTA, GA 30348-5083	-						423,539.95	0.00
Account No.								
Account No.								

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal
(Total of this page)**509,972.57** **0.00**
509,972.57Total
(Report on Summary of Schedules)**509,972.57** **0.00**
509,972.57

B6F (Official Form 6F) (12/07)

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. A T & T P O BOX 5001 CAROL STREAM, IL 60197-5001		-	Trade Debt				2,510.60
Account No. ABBOTT NUTRITION P O BOX 92679 CHICAGO, IL 60675-2679		-	Trade Debt				619.69
Account No. ABILITY NETWORK INC DEPT CH 16577 PALATINE, IL 60055-6577		-	Trade Debt				1,440.00
Account No. ABLA, CHARLENE 301 Melville # 116 Pauls Valley, OK 73075		-	11/30/2010 Patient Refund/Overpayment on Account			X	41.30
Subtotal (Total of this page)							4,611.59

82 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
ADA COCA COLA DR PEPPER P O BOX 1607 ADA, OK 74820	-					68.80
Account No.		Trade Debt				
ADA OPEN MRI 11101 HEFNER POINTE DR. # 214 OKLAHOMA CITY, OK 73120	-					635.73
Account No.		Trade Debt				
ADMINISTRATIVE CONSULTANT SVCS P O BOX 3368 SHAWNEE, OK 74802	-					42,467.18
Account No.		Trade Debt				
ADMOTIONS DIRECT 2333 EAST BRITTON ROAD OKLAHOMA CITY, OK 73131	-					6,345.38
Account No.		Trade Debt				
AESCLAP INC. 3773 CORPORATE PARKWAY CENTER VALLEY, PA 19178-2451	-					404.04
Sheet no. <u>1</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						49,921.13

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
AHA SERVICES INC P O BOX 933283 ATLANTA, GA 31193-3283	-					101.90
Account No.		Trade Debt				
AIRSCAN TECH P O BOX 1539 SPRINGTOWN, TX 76082	-					815.00
Account No.		Trade Debt				
ALCON LABORATORIES P O BOX 951125 DALLAS, TX 75395	-					139.00
Account No.		Trade Debt				
ALEA TECHNOLOGY GROUP INC 231 SHANNON LAKE CIRCLE GREENVILLE, SC 29615	-					18,400.00
Account No.		Trade Debt				
ALERE NORTH AMERICA, INC. P O BOX 846153 BOSTON, MA 02284-6153	-					4,138.75
Sheet no. <u>2</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						23,594.65

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
ALLERGAN USA INC 12975 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0129	-					212.00
Account No.		Trade Debt				
ALPHA SOURCE INC BOX 1170 MILWAUKEE, WI 53201-1170	-					15.70
Account No.		Trade Debt				
AMBASSADOR COMPANY P O BOX 890287 CHARLOTTE, NC 28289-0287	-					500.00
Account No.		Trade Debt				
AMERICAN HOSPITAL ASSOCIATION P O BOX 92247 CHICAGO, IL 60675-2247	-					101.95
Account No.		Trade Debt				
AMERIDOSE P O BOX 4140 WOBURN, MA 01888-4140	-					59.80
Sheet no. <u>3</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						889.45

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
AMERIFACTORS P O BOX 628004 ORLANDO, FL 32862-8004	-					206.62
Account No.		Trade Debt				
AMERISOURCEBERGEN DRUG CORP P O BOX 905816 CHARLOTTE, NC 28290-5816	-					2,930.42
Account No.		Trade Debt				
AMUNDSEN FOOD EQUIPMENT 1740 W MAIN ST OKLAHOMA CITY, OK 73106	-					522.70
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
APPL, KATHRYN L 3210 S Chickasaw Pauls Valley, OK 73075	-				X	100.00
Account No.		Trade Debt				
APPLIED MEDICAL P O BOX 75001 CITY OF INDUSTRY, CA 91716-9759	-					557.00
Sheet no. 4 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						4,316.74

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
ARBUCKLE MEMORIAL HOSPITAL 2011 W BROADWAY SULPHUR, OK 73086	-					1,632.52
Account No.		Trade Debt				
ARJO INC P O BOX 644960 PITTSBURGH, PA 15264-4960	-					3,835.92
Account No.		Trade Debt				
ARNOLD OUTDOOR INC P O BOX 1105 EDMOND, OK 73083	-					1,400.00
Account No.		Trade Debt				
ASEPTIC ENCLOSURES 3720 HAMPTON AVE STE 204 ST LOUIS, MO 63109	-					416.95
Account No.		Trade Debt				
AUTOMATIC FIRE CONTROL INC 1708 SE 22ND ST OKLAHOMA CITY, OK 73129	-					850.00
Sheet no. <u>5</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						8,135.39

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		11/30/2010				
BALLARD, JO A 12345 County Rd 3450 Stratford, OK 74872	-	Patient Refund/Overpayment on Account			X	72.96
Account No.		Trade Debt				
BARD P O BOX 75767 CHARLOTTE, NC 28275	-					743.82
Account No.		Trade Debt				
BARD PERIPHERAL P.O. BOX 75767 CHARLOTTE, NC 28275	-					209.00
Account No.		11/30/2010				
BARKER, CALAE 408 N Taylor Wynnewood, OK 73098	-	Patient Refund/Overpayment on Account			X	150.00
Account No.		Trade Debt				
BAXA CORPORATION DEPARTMENT 1283 DENVER, CO 80256	-					34.10
Sheet no. <u>6</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,209.88

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		Trade Debt				
BAXTER HEALTHCARE CORP P O BOX 730531 DALLAS, TX 75373	-					8,967.99
Account No.		Trade Debt				
BAYLESS DRUG P O BOX 150 STRATFORD, OK 74872	-					92.71
Account No.		9/1/2010 Patient Refund/Overpayment on Account				
BAZOR, RAYMOND W 33069 E CR 1690 Wynnewood, OK 73098	-				X	109.60
Account No.		11/30/2010 Patient Refund/Overpayment on Account				
BAZOR, RAYMOND W 33069 E CR 1690 Wynnewood, OK 73098	-				X	109.60
Account No.		10/31/2010 Patient Refund/Overpayment on Account				
BECHTEL, LAHOMA 498 County Road 1399 Chickasha, OK 73018	-				X	155.00
Sheet no. <u>7</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						9,434.90

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. BECHTEL, LAHOMA 498 County Road 1399 Chickasha, OK 73018	-	1/31/2011 Patient Refund/Overpayment on Account			X	163.55
Account No. BECKMAN COULTER, INC. DEPT. CH 10164 PALATINE, IL 60055-0164	-	Trade Debt				1,242.37
Account No. BELLS INTERNATIONAL 4009 MARATHON BLVD AUSTIN, TX 78756	-	Trade Debt				2,279.90
Account No. BESON BRENT MD 4221 S WESTERN AVE SUITE 5000 OKLAHOMA CITY, OK 73109	-	Trade Debt				64.78
Account No. BEVERS, LORETTA 31778 E CR 1650 Elmore City, OK 73433	-	1/31/2011 Patient Refund/Overpayment on Account			X	172.00
Sheet no. <u>8</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,922.60

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
BILL MELTON DENTAL LAB 309 E FREEMAN DAVIS, OK 73030	-					325.00
Account No.		Trade Debt				
BIRCH COMMUNICATIONS DEPT AT 952855 ATLANTA, GA 31192-2855	-					64.80
Account No.		Trade Debt				
BKD LLP 6120 S YALE AVE STE 1400 TULSA, OK 74136-4223	-					21,997.48
Account No.		Trade Debt				
BLACKBURN HOME CENTER 320 W PAUL AVE PAULS VALLEY, OK 73075	-					1,868.03
Account No.		Trade Debt				
Boaz & Associates Three Corporate Plaza 3613 N.W. 56th Street, STE 300 Oklahoma City, OK 73112	-					1,437.70
Sheet no. <u>9</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						25,693.01

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
BOND THE FLORIST 905 N OAK ST PAULS VALLEY, OK 73075	-	Trade Debt				164.60
BOOKER, JOHNNIE P O Box 741 Stratford, OK 74872	-	9/1/2010 Patient Refund/Overpayment on Account			X	14.00
BOOKER, JOHNNIE P O Box 741 Pauls Valley, OK 73075	-	11/30/2010 Patient Refund/Overpayment on Account			X	14.00
BOONE & BOONE SALES CO INC 5484 S 103RD E AVE TULSA, OK 74146	-	Trade Debt				132.76
BORDEN MEADOW GOLD DAIRIES P O BOX 972384 DALLAS, TX 75397-0238	-	Trade Debt				2,732.89
Sheet no. 10 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,058.25

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		11/30/2010				
BOSTICK, SALLIE F 402 S Taylor Wynnewood, OK 73098	-	Patient Refund/Overpayment on Account			X	25.00
Account No.		Trade Debt				
BOYCE BYNUM PATH LAB PC P O BOX 7406 COLUMBIA, MO 65205	-					26.72
Account No.		Trade Debt				
BRACCO 107 COLLEGE ROAD EAST PRINCETON, NJ 08540	-					675.00
Account No.		Trade Debt				
BREATH OF LIFE P O BOX 610329 DALLAS, TX 75261-0329	-					750.00
Account No.		Trade Debt				
BRIGGS CORPORATION P O BOX 1355 DES MOINES, IA 50305-1355	-					156.40
Sheet no. <u>11</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,633.12

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. BUSINESS IMAGING SYSTEMS INC P O BOX 20007 OKLAHOMA CITY, OK 73156	-	Trade Debt				6,288.40
Account No. CABLE PRINTING/LINDSAY NEWS 117 S MAIN LINDSAY, OK 73052	-	Trade Debt				9.60
Account No. CADE, JEAN M 25430 N CR 3110 Elmore City, OK 73433	-	9/1/2010 Patient Refund/Overpayment on Account			X	20.00
Account No. CADE, JEAN M 25430 N CR 3110 Elmore City, OK 73433	-	11/30/2010 Patient Refund/Overpayment on Account			X	20.00
Account No. CALLIBRA INC SUITE 838 150 NORTH MARTINGALE ROAD SCHAUMBURG, IL 60173	-	Trade Debt				1,250.00
Sheet no. 12 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 7,588.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
CAPITAL CITY PROCESSORS LLC P O BOX 94148 OKLAHOMA CITY, OK 73143	-					375.00
Account No.		Trade Debt				
CARDINAL HEALTH P O BOX 730112 DALLAS, TX 75373-0112	-					26,692.95
Account No.		Trade Debt				
CARDINAL HEALTH 411 INC P O BOX 847384 DALLAS, TX 75284-7384	-					9,263.40
Account No.		Trade Debt				
CARDINAL HEALTH SPECIALTY 14265 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	-					1,314.35
Account No.		Trade Debt				
CAREER BUILDER LLC 13047 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0130	-					5,000.00
Sheet no. <u>13</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						42,645.70

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
CAREERSTAFF UNLIMITED-OKLAHOMA C/O CAREERSTAFF UNLIMITED P O BOX 200528 HOUSTON, TX 77216-0528	-					4,356.05
Account No.		Trade Debt				
CAREFUSION 3750 Torrey View Court San Diego, CA 92130	-					4,019.11
Account No.		Trade Debt				
CAREFUSION V MUELLER 131 SOUTH DEARBORN 6TH FLOOR CAREFUSION 2200 LOCKBOX 25146 CHICAGO, IL 60603	-					789.83
Account No.		Trade Debt				
CARESTREAM HEALTH, INC. DEPT CH 19286 PALATINE, IL 60055-9286	-					25,031.76
Account No.		Trade Debt				
CDW GOVERNMENT 200 NORTH MILWAUKEE AVE VERNON HILLS, IL 60061	-					9,029.70
Sheet no. <u>14</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						43,226.45

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
CENTURION MEDICAL PRODUCTS P O BOX 842816 BOSTON, MA 02281-2816	-					5,306.50
Account No.		9/1/2010 Patient Refund/Overpayment on Account				
CHEATHAM, TAMMY L 114 E Gardner Pauls Valley, OK 73075	-				X	17.69
Account No.		11/30/2010 Patient Refund/Overpayment on Account				
CHEATHAM, TAMMY L 114 E. Gardner Pauls Valley, OK 73075	-				X	17.69
Account No.		Trade Debt				
CHICKASAW PERSONAL COMMUNICATIONS P.O. BOX 2556 ARDMORE, OK 73402	-					471.00
Account No.		Trade Debt				
CHICKASAW TELECOM INC 5 NORTH MCCORMICK OKLAHOMA CITY, OK 73127-6620	-					40,876.82
Sheet no. <u>15</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						46,689.70

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
CHRIS WHYBREW 1215 W Edgewater Place Broken Arrow, OK 74012	-				X	260,000.00
Account No.		Trade Debt				
CHURCH OF CHRIST P O BOX 476 PAULS VALLEY, OK 73075	-					3,000.00
Account No.		Trade Debt				
CIMARRON INS EXCHANGE, RRG P O BOX 1838 OKLAHOMA CITY, OK 73101-1838	-					197,024.90
Account No.		Trade Debt				
CINTAS DOCUMENT MANAGEMENT P O BOX 633842 CINCINNATI, OH 45263	-					1,032.60
Account No.		Trade Debt				
CITY OF PAULS VALLEY WATER DEPARTMENT BOX 778 PAULS VALLEY, OK 73075	-					4,610.48
Sheet no. <u>16</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						465,667.98

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
CITY OF PAULS VALLEY - EMS BOX 778 PAULS VALLEY, OK 73075	-					6,500.00
Account No.		Trade Debt				
CLEAR ADVANTAGE COLLAR, INC. BIBBY FINANCIAL SVCS MIDWEST, INC. 14906 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	-					1,345.00
Account No.		Trade Debt				
CLIFFORD POWER SYSTEMS P O BOX 875500 KANSAS CITY, MO 64187-5500	-					1,241.00
Account No.		Trade Debt				
CLINICAL SOFTWARE SOLUTIONS 20940 EAST MEWES ROAD QUEEN CREEK, AZ 85242	-					3,799.69
Account No.		Trade Debt				
CLT REFRIGERATION INC. 404 S EARL ST PAULS VALLEY, OK 73075	-					463.88
Sheet no. <u>17</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						13,349.57

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
CMS COMMUNICATIONS, INC. P O BOX 790372 ST LOUIS, MO 63179-0379	-					2,922.56
Account No.		Trade Debt				
COASTLINE PHARMACEUTICALS LLC P O BOX 548 POOLER, GA 31322	-					132.00
Account No.		Trade Debt				
CODING INSTITUTE SUBSCRIBER SERVICES P O BOX 933729 ATLANTA, GA 31193-3729	-					249.00
Account No.		Trade Debt				
COLE TECHNOLOGY GROUP P O BOX 720696 NORMAN, OK 73070	-					17.21
Account No.		Trade Debt				
COLLEGE/AMERICAN PATHOLOGISTS P O BOX 71698 CHICAGO, IL 60694-1698	-					462.00
Sheet no. <u>18</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,782.77

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
COLLEGIATE MEDICAL LLC P.O. BOX 9238 SHAWNEE MISSION, KS 66201	-					1,028.00
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
COLLINGS, JANIE 41248 E CR 1510 Pauls Valley, OK 73075	-				X	21.75
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
COLLINS, DELILAH 1500 E Robt. S. Kerr # 2B Wynnewood, OK 73098	-				X	19.00
Account No.		Trade Debt				
COMFORT INN & SUITES 103 S HUMPHREY BLVD PAULS VALLEY, OK 73075	-					455.00
Account No.		Trade Debt				
COMPSOURCE OKLAHOMA P O BOX 269021 OKLAHOMA CITY, OK 73126-9021	-					21,357.00
Sheet no. 19 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						22,880.75

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
COMPUTER SOLUTIONS 507 SOUTH WILLOW SUITE A PAULS VALLEY, OK 73075	-					1,600.00
Account No.		Trade Debt				
CONE INSTRUMENTS LLC 3261 MOMENTUM PLACE CHICAGO, IL 60689-5332	-					139.94
Account No.		Trade Debt				
CONNECT HEALTH PROFESSIONALS 2411 SPRINGER DRIVE NORMAN, OK 73069	-					128,025.79
Account No.		Trade Debt				
CONNER & WINTERS 4000 ONE WILLIAMS CENTER TULSA, OK 74172-0148	-					14,805.50
Account No.		Trade Debt				
CONSTELLATION ENERGY BANK OF AMERICA LOCKBOX SVCS 15246 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0001	-					7,588.44
Sheet no. <u>20</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						152,159.67

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		7/29/2010				
COOK, TONYA D 705 W Main Elmore City, OK 73433	-	Patient Refund/Overpayment on Account			X	3,724.00
Account No.		10/31/2010				
COOK, TONYA D 705 W Main Elmore City, OK 73433	-	Patient Refund/Overpayment on Account			X	2,289.41
Account No.		1/31/2011				
CORNFORTH, JOYCE 2001 S Walnut Pauls Valley, OK 73075	-	Patient Refund/Overpayment on Account			X	15.00
Account No.		1/31/2011				
CRAWFORD, MARNIE 32368 East CR 1580 Pauls Valley, OK 73075	-	Patient Refund/Overpayment on Account			X	18.85
Account No.		1/31/2011				
CZARNECKI, HANNAH 32502 E CR 1490 Paoli, OK 73074	-	Patient Refund/Overpayment on Account			X	100.00
Sheet no. 21 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,147.26

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
D MED CORPORATION 5151 BELTLINE ROAD SUITE 1125 DALLAS, TX 75254	-					2,487.08
Account No.		Trade Debt				
DATEX-OHMEDA P O BOX 641936 PITTSBURGH, PA 15264-1936	-					4,688.40
Account No.		Trade Debt				
DAVIS NEWS P O BOX 98 DAVIS, OK 73030	-					186.00
Account No.		11/30/2010 Patient Refund/Overpayment on Account				
DAVIS, BENJAMIN 100 Valley Drive Pauls Valley, OK 73075	-				X	87.77
Account No.		Trade Debt				
DBL 3453 PELHAM ROAD GREENVILLE, SC 29615	-					570.68
Sheet no. 22 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						8,019.93

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		11/30/2010				
DENTON, ERLE Q 300 Melville Dr #305 Pauls Valley, OK 73075	-	Patient Refund/Overpayment on Account			X	2,303.25
Account No.		Trade Debt				
DEPARTMENT OF LABOR 3017 NORTH STILES SUITE 100 OKLAHOMA CITY, OK 73105	-					75.00
Account No.		Trade Debt				
DF EXHAUST & BRAKES 827 S CHICKASAW PAULS VALLEY, OK 73075	-					101.35
Account No.		Trade Debt				
DIAGNOSTIC LAB OF OK P O BOX 676324 DALLAS, TX 75267-6324	-					15,059.87
Account No.		8/31/2010				
DIAZ, GILBERT 202 W Chapel Ridge #1113 Pauls Valley, OK 73075	-	Patient Refund/Overpayment on Account			X	20.00
Sheet no. 23 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 17,559.47

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		9/1/2010				
DIAZ, GILBERT 202 W Chapel Ridge #1113 Pauls Valley, OK 73075	-	Patient Refund/Overpayment on Account			X	20.00
Account No.		9/1/2010				
DICKINSON, MILDRED L P O Box 184 Paoli, OK 73074	-	Patient Refund/Overpayment on Account			X	26.70
Account No.		11/30/2010				
DICKINSON, MILDRED L P O Box 184 Paoli, OK 73074	-	Patient Refund/Overpayment on Account			X	26.70
Account No.		Trade Debt				
DILL OIL COMPANY P O BOX 427 ELMORE CITY, OK 73433	-					457.18
Account No.		Trade Debt				
DIMENSIONAL CONCEPTS P O BOX 1838 STILLWATER, OK 74076	-					2,000.00
Sheet no. 24 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,530.58

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
DIVERSIFIED BIOLOGICALS MIA 4300 SW 73RD AVENUE SUITE 102 MIAMI, FL 33155-4512	-					140.22
Account No.		Trade Debt				
DRAEGER SAFETY DIAGNOSTICS INC P O BOX 200337 PITTSBURGH, PA 15251	-					353.50
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
DU, LEANN Q 705 Geronimo Pauls Valley, OK 73075	-				X	19.00
Account No.		Trade Debt				
DYNATRONICS CORPORATION 7030 PARK CENTRE DRIVE SALT LAKE CITY, UT 84121	-					291.84
Account No.		Trade Debt				
DYSPHAGIA SERVICES INC P O BOX 720932 OKLAHOMA CITY, OK 73172	-					1,387.27
Sheet no. 25 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,191.83

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
E M S SURGICAL 708 S OLD TRAIL SELINGROVE, PA 17870	-					89.82
Account No.		Trade Debt				
EDCO GROUP INC P O BOX 7010 SPRINGFIELD, MO 65801-7010	-					114.98
Account No.		Trade Debt				
ELECTRONIC DICTATION OF TULSA 9717 E 42ND ST SUITE 142 TULSA, OK 74146	-					1,167.00
Account No.		Trade Debt				
ELMORE CITY EMS P O BOX 99 ELMORE CITY, OK 73433-0099	-					443.01
Account No.		Trade Debt				
ELSEVIER P O BOX 0848 CAROL STREAM, IL 60132-0848	-					87.26
Sheet no. <u>26</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,902.07

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
EM-CARE PHYSICIAN SERVICES 7032 COLLECTION CENTER DR CHICAGO, IL 60693	-					56,250.00
Account No.		Trade Debt				
EMPI P O BOX 660154 DALLAS, TX 75266	-					474.03
Account No.		Trade Debt				
ENCOMPASS GROUP LLC DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209	-					1,476.48
Account No.		Trade Debt				
EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095	-					2,729.57
Account No.		Trade Debt				
EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730	-					73.86
Sheet no. <u>27</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						61,003.94

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
EVANS ENTERPRISES INC 1536 SOUTH WESTERN AVENUE OKLAHOMA CITY, OK 73109	-					225.00
Account No.		Trade Debt				
EXPEDITIVE 3 INDEPENDENCE WAY SUITE 201 PRINCETON, NJ 08540	-					11,183.92
Account No.		Trade Debt				
FAMILY TRADITIONS P O BOX 550968 GASTONIA, NC 28055-0968	-					171.58
Account No.		Trade Debt				
FEDERAL CORPORATION DEPT. 96-0293 OKLAHOMA CITY, OK 73196-0293	-					271.50
Account No.		Trade Debt				
FEDERAL EXPRESS CORPORATION P O BOX 660481 DALLAS, TX 75266-0481	-					234.50
Sheet no. 28 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						12,086.50

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. FINCHER, ALVA 411 S Gage Pauls Valley, OK 73075	-	1/31/2011 Patient Refund/Overpayment on Account			X	35.24
Account No. FIRE PROTECTION 1704 FLOYD RD ARDMORE, OK 73401	-	Trade Debt				66.00
Account No. FIRMIN BUSINESS FORMS INC P O BOX 23587 WACO, TX 76702-3587	-	Trade Debt				218.42
Account No. FISHER HEALTHCARE P O BOX 404705 ATLANTA, GA 30384	-	Trade Debt				6,176.07
Account No. FUELMAN P.O. BOX 105080 ATLANTA, GA 30348-5080	-	Trade Debt				500.00
Sheet no. 29 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,995.73

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		1/31/2011				
FULLERTON, JAMES R 126 Tanglewood Dr Pauls Valley, OK 73075	-	Patient Refund/Overpayment on Account			X	50.00
Account No.		Trade Debt				
GARVIN COUNTY NEWS STAR P O BOX 617 MAYSVILLE, OK 73057	-					2,020.00
Account No.		Trade Debt				
GARVIN, AGEE, CARLTON & MASHBURN P O BOX 10 PAULS VALLEY, OK 73075	-					28,594.54
Account No.		Trade Debt				
GE HEALTHCARE P O BOX 640200 PITTSBURGH, PA 15264-0200	-					7,912.38
Account No.		Trade Debt				
GE HEALTHCARE MEDICAL SYSTEMS P O BOX 843553 DALLAS, TX 75284	-					2,925.84
Sheet no. 30 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						41,502.76

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
GEDDES ELECTRIC LLC P O BOX 1278 PAULS VALLEY, OK 73075	-					60.00
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
GENN, PEGGY A 6722 HWY 77D Davis, OK 73030	-				X	26.97
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
GENN, PEGGY A 6722 HWY 77D Davis, OK 73030	-				X	26.97
Account No.		Trade Debt				
GRAINGER DEPT 807669569 P O BOX 419267 KANSAS CITY, MO 64141-6267	-					2,479.69
Account No.		9/1/2010 Patient Refund/Overpayment on Account				
GRAY, RICHARD 13018 N CR 3400 Stratford, OK 74872	-				X	204.77
Sheet no. <u>31</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						2,798.40
Subtotal (Total of this page)						2,798.40

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		11/30/2010				
GRAY, RICHARD Rt 2, Box 64 Elmore City, OK 73433	-	Patient Refund/Overpayment on Account			X	204.77
Account No.		Trade Debt				
GUDERIAN FOODS COMPANY 1830 B STREET ADA, OK 74820	-					4,307.45
Account No.		Trade Debt				
GYRUS ACMI LP DEPT 0166 P O BOX 120166 DALLAS, TX 75312-0166	-					120.35
Account No.		Trade Debt				
H D G P O BOX 4591 HOUSTON, TX 77210-4591	-					294.99
Account No.		1/31/2011				
HADDOCK, ZELMA M 318 W Joy Pauls Valley, OK 73075	-	Patient Refund/Overpayment on Account			X	65.00
Sheet no. 32 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,992.56

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
HAMBRICK-FERGUSON INC P O BOX 470245 TULSA, OK 74147-0245	-					1,281.06
Account No.		Trade Debt				
HARRISON - ORR AIR CONDITIONING 4100 N WALNUT STREET OKLAHOMA CITY, OK 73105	-					930.00
Account No.		Trade Debt				
HARRY THOMPSON INC. 101 E PAUL AVE PAULS VALLEY, OK 73075	-					72.53
Account No.		Trade Debt				
HEALTH CARE SERVICE CORPORATION REFUND DEPT/CASH DISBURSEMENTS P O BOX 731431 DALLAS, TX 75373-1431	-					91.18
Account No.		Trade Debt				
HEALTHCARE MANAGEMENT SOLUTION P O BOX 721205 NORMAN, OK 73070	-					13,039.43
Sheet no. <u>33</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						15,414.20

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
HEALTHCHOICE P O BOX 24870 OKLAHOMA CITY, OK 73075	-					50.98
Account No.		Trade Debt				
HEALTHLAND DEPT 2384 P O BOX 122384 DALLAS, TX 75312-2384	-					20,432.11
Account No.		Trade Debt				
HEALTHTECH SOLUTIONS GRP LLC 405 DUKE DRIVE SUITE 210 FRANKLIN, TN 37067	-					3,966.66
Account No.		Trade Debt				
HENDERSON COFFEE P O BOX 175 MUSKOGEE, OK 74402	-					1,910.20
Account No.		11/30/2010 Patient Refund/Overpayment on Account				
HENDERSON, DENISE M 29102 E CR 1650 Elmore City, OK 73433	-				X	56.00
Sheet no. 34 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						26,415.95

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. HENRY SCHEIN INC DEPT CH 10241 PALATINE, IL 60055-0241	-	Trade Debt				17,277.33
Account No. HERRIN, VIRGINIA 1740 S Walnut Pauls Valley, OK 73075	-	9/1/2010 Patient Refund/Overpayment on Account			X	20.00
Account No. HERRIN, VIRGINIA 1740 S Walnut Pauls Valley, OK 73075	-	1/31/2011 Patient Refund/Overpayment on Account			X	20.00
Account No. HILL-ROM P O BOX 643592 PITTSBURGH, PA 15264-3592	-	Trade Debt				893.66
Account No. HOBART SERVICE P O BOX 2517 CAROL STREAM, IL 60132-2517	-	Trade Debt				113.00
Sheet no. <u>35</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 18,323.99

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
HOLOGIC 24506 NETWORK PLACE CHICAGO, IL 60673-1245	-					832.50
Account No.		Trade Debt				
HOSPIRA WORLDWIDE INC ACCT # 50329283 75 REMITTANCE DRIVE SUITE 6136 CHICAGO, IL 60675-6136	-					1,160.95
Account No.		Trade Debt				
HURDLE AND ASSOCIATES INC 2326 MYRTLE SPRINGS AVE DALLAS, TX 75220	-					1,750.00
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
HYDEN, KATHILEEN K P O Box 305 Lindsay, OK 73433	-				X	30.41
Account No.		Trade Debt				
ID-VILLE 5376 52ND ST SE GRAND RAPIDS, MI 49512	-					87.50
Sheet no. <u>36</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,861.36

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. IMMUCOR, INC P O BOX 102118 ATLANTA, GA 30368-2118	-	Trade Debt				632.58
Account No. INCE, PAULINE A P O Box 463 Lindsay, OK 73052	-	11/30/2010 Patient Refund/Overpayment on Account			X	112.12
Account No. INFORMATION SOLUTIONS 326 A-1 N BLOOMINGTON LOWELL, AR 72745	-	Trade Debt				2,214.50
Account No. ING LIFE INSURANCE AND ANNUITY COMPANY P O BOX 2215 NEW YORK, NY 10116-2215	-	Trade Debt				3,858.03
Account No. INGENIX P O BOX 88050 CHICAGO, IL 60680-1050	-	Trade Debt				1,299.99
Sheet no. <u>37</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 8,117.22

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
INSURANCE ONE 205 S CHICKASAW PAULS VALLEY, OK 73075	-					30.00
Account No.		Trade Debt				
INTEGRA LIFE SCIENCES CORP 311 ENTERPRISE DRIVE PLAINSBORO, NJ 08536	-					760.18
Account No.		Trade Debt				
INTEGRIS MEDICAL SUPPLY 4120 NORTH PORTLAND OKLAHOMA CITY, OK 73112	-					4,250.00
Account No.		Trade Debt				
INTELEMED 6976 D HIGHWATER CIRCLE EDMOND, OK 73034-6542	-					13,602.27
Account No.		Trade Debt				
INTERNATIONAL INSTITUTE LANGUAGE SERVICES 3654 S GRAND BLVD ST LOUIS, MO 63118	-					59.40
Sheet no. 38 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						18,701.85

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
ITC P O BOX 674441 DETROIT, MI 48267-4441	-					419.80
Account No.		Trade Debt				
IVANS INC P O BOX 850001 ORLANDO, FL 32885-0033	-					62.00
Account No.		Trade Debt				
J & J HEALTH CARE SYSTEMS P O BOX 406663 ATLANTA, GA 30384	-					36,092.30
Account No.		Trade Debt				
J-4 CONTRACTING & DUNN PLUMB'G 110 DIFFIE LANE PAULS VALLEY, OK 73075	-					510.00
Account No.		Trade Debt				
JACK'S RX P O BOX 217 MAYSVILLE, OK 73057	-					30,143.12
Sheet no. <u>39</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						67,227.22

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
JACKSON BOILER AND TANK CO. P O BOX 18824 OKLAHOMA CITY, OK 73154	-					4,016.72
Account No.		Trade Debt				
JACKSON NURSE PROFESSIONALS LLC P O BOX 404118 ATLANTA, GA 30384-4118	-					5,590.00
Account No.		Trade Debt				
JAVA TIME 201 BOWLING DRIVE PAULS VALLEY, OK 73075	-					570.65
Account No.		Trade Debt				
JOHNSTON & BRYANT P O BOX 1564 ADA, OK 74820	-					27,800.66
Account No.		Trade Debt				
JOHNSTONE SUPPLY BOX 82129 OKLAHOMA CITY, OK 73148-0129	-					1,241.32
Sheet no. 40 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						39,219.35

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
K-MED 4606 MOORLAND COURT SUGAR LAND, TX 77479	-					956.02
Account No.		Trade Debt				
K-TOWN CONSULTING BOX 232 KONAWA, OK 74849	-					7,290.00
Account No.		Trade Debt				
KCI USA P O BOX 203086 HOUSTON, TX 77216-3086	-					2,418.67
Account No.		11/30/2010 Patient Refund/Overpayment on Account				
KELLER, ANGELA A 203 E Jefferson Pauls Valley, OK 73075	-				X	6,035.20
Account No.		Trade Debt				
KENNETH MICHAEL & ASSOC LLC 500 NORTH WESTSHORE BLVD SUITE 1050 TAMPA, FL 33609	-					8,000.00
Sheet no. <u>41</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						24,699.89

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
KFXT SOLID GOSPEL 1101 N HWY 81 MARLOW, OK 73055	-					3,720.00
Account No.		Trade Debt				
KINETIC THERAPY SERVICE 15269 CR 3610 ADA, OK 74820	-					1,970.00
Account No.		9/1/2010 Patient Refund/Overpayment on Account				
KING, DEE L c/o Richard King Rt 3 Box 213A Lindsay, OK 73052	-				X	40.00
Account No.		11/30/2010 Patient Refund/Overpayment on Account				
KING, DEE L c/o Richard King Rt 3 Box 213A Lindsay, OK 73052	-				X	40.00
Account No.		Trade Debt				
KIXO KIX-106 1101 HWY 81 N MARLOW, OK 73055	-					12,157.50
Sheet no. 42 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						17,927.50

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
KONE INC P O BOX 429 MOLINE, IL 61266-0429	-					2,978.30
Account No.		Trade Debt				
KRONOS P O BOX 845748 BOSTON, MA 02284-5748	-					4,613.14
Account No.		Trade Debt				
KRUEGER INC P O BOX 18715 OKLAHOMA CITY, OK 73154-0715	-					220.17
Account No.		Trade Debt				
LAERDAL MEDICAL CORP P O BOX 8500-53168 PHILADELPHIA, PA 19178-3168	-					909.74
Account No.		Trade Debt				
LEADING AGE OKLAHOMA P O BOX 1383 EL RENO, OK 73036	-					1,044.63
Sheet no. <u>43</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						9,765.98

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
LEGACY DRUG INC 111 W GRANT AVE PAULS VALLEY, OK 73075	-					7.99
Account No.		Trade Debt				
LIFECARE HEALTH SERVICES, LLC 4013 NORTHWEST EXPRESSWAY STE 575 OKLAHOMA CITY, OK 73116	-					246.05
Account No.		Trade Debt				
LINDSAY MUNICIPAL HOSPITAL P O BOX 888 LINDSAY, OK 73052	-					142.80
Account No.		Trade Debt				
LOCKE SUPPLY CO P O BOX 24980 OKLAHOMA CITY, OK 73124-0980	-					390.07
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
LOGAN, AVIS Y 9969 Ketner Rd Wynnewood, OK 73098	-				X	119.24
Sheet no. 44 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						906.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. LOGAN, AVIS Y 9969 Ketner Rd Wynnewood, OK 73098	-	1/31/2011 Patient Refund/Overpayment on Account			X	20.00
Account No. LOGICAL BUILDING SOLUTIONS INC 3432 LAKESIDE DRIVE OKLAHOMA CITY, OK 73179	-	Trade Debt				1,173.58
Account No. LUCKINBILL, INC. 304 EAST BROADWAY ENID, OK 73701	-	Trade Debt				846.45
Account No. MAC SYSTEMS INC P O BOX 27665 TULSA, OK 74149	-	Trade Debt				108.00
Account No. MAINE STANDARDS COMPANY 765 ROOSEVELT TRAIL WINDHAM, ME 04062	-	Trade Debt				304.05
Sheet no. <u>45</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,452.08

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. MARK 5 CARE GROUP P O BOX 118 MUSTANG, OK 73064	-	Trade Debt				34,538.31
Account No. MASIMO AMERICAS INC P O BOX 51210 LOS ANGELES, CA 90051-5510	-	Trade Debt				287.33
Account No. MCCURLEY, CODY M 33877 E Pvt 1625 Drive Pauls Valley, OK 73075	-	11/30/2010 Patient Refund/Overpayment on Account			X	60.00
Account No. MCELVANY, HAZEL M P O Box 175 El Reno, OK 73036	-	9/1/2010 Patient Refund/Overpayment on Account			X	18.34
Account No. MCELVANY, HAZEL M P O Box 175 El Reno, OK 73036	-	11/30/2010 Patient Refund/Overpayment on Account			X	18.34
Sheet no. 46 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						34,922.32

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
MCKESSON MCKESSON TECHNOLOGIES INC. P O BOX 98347 CHICAGO, IL 60693-8347	-					571,611.78
Account No.		Trade Debt				
MCKESSON HEALTH SOLUTIONS 22423 NETWORK PLACE CHICAGO, IL 60673-1224	-					4,403.63
Account No.		Trade Debt				
MCKESSON MEDICAL SURGICAL INC. P.O. BOX 933027 ATLANTA, GA 31193	-					1,320.30
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
MCLIN, RICK 24615 E CR 1610 Elmore City, OK 73433	-				X	150.00
Account No.		Trade Debt				
MCNEIL & COMPANY INC P O BOX 28 ONEIDA, NY 13421	-					765.61
Sheet no. <u>47</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						578,251.32

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
MED MANAGEMENT LLC 1500 URBAN CENTER DRIVE STE 325 VESTAVIA HILLS, AL 35242	-					5,885.00
Account No.		Trade Debt				
MED-PASS INC L-3495 COLUMBUS, OH 43260-0001	-					132.92
Account No.		Trade Debt				
MEDI-SOL, LLC P.O. BOX 7736 EDMOND, OK 73083	-					6,244.37
Account No.		Trade Debt				
MEDICAL ARTS PRESS P O BOX 37647 PHILADELPHIA, PA 19101-0647	-					123.96
Account No.		Trade Debt				
MEDICAL SOLUTIONS 9101 WESTERN AVE SUITE 101 OMAHA, NE 68114	-					50,008.28
Sheet no. 48 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						62,394.53

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
MEDLINE INDUSTRIES, INC. DEPT 1080 P O BOX 121080 DALLAS, TX 75312-1080	-					110.34
Account No.		Trade Debt				
MEDMARC COMPANY 415 NORTH MAIN STREET NO. 106 EULESS, TX 76039	-					331.24
Account No.		Trade Debt				
MEDRAD INC P O BOX 360172 PITTSBURGH, PA 15251-6172	-					688.91
Account No.		Trade Debt				
MEDTOX LABORATORIES NW 8939 P O BOX 1450 MINNEAPOLIS, MN 55485-8939	-					870.35
Account No.		Trade Debt				
MEDTRONIC USA INC P O BOX 848086 DALLAS, TX 75284-8086	-					252.00
Sheet no. 49 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,252.84

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
MERCY HEALTH CNTR/TRANSCRIPT'N COST CNTR 4011 117870 624020 4300 W MEMORIAL RD OKLAHOMA CITY, OK 73120	-					23,215.95
Account No.		Trade Debt				
MERCY MEMORIAL HEALTH CNTR PTS P O BOX 504498 ST LOUIS, MO 63150	-					3,136.23
Account No.		Trade Debt				
MERRITT HAWKINS & ASSOCIATES P O BOX 281943 ATLANTA, GA 30384-1943	-					7,888.65
Account No.		Trade Debt				
MET-TEL P O BOX 9660 MANCHESTER, NH 03108-9660	-					415.63
Account No.		Trade Debt				
METTLER ELECTRONICS CORP 1333 SOUTH CLAUDINA STREET ANAHEIM, CA 92805	-					2,019.58
Sheet no. <u>50</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						36,676.04

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
MIDLAND GROUP P O BOX 229161 SHAWNEE MISSION, KS 66201	-					73,739.88
Account No.		Trade Debt				
MILLIPORE CORPORATION 2736 PAYSHERE CIRCLE CHICAGO, IL 60674	-					3,026.12
Account No.		Trade Debt				
MITCHELL CHARLES 200 MELVILLE DRIVE PAULS VALLEY, OK 73075	-					76,577.11
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
MITCHELL, JOHANNA 434 Mohawk Pauls Valley, OK 73075	-				X	21.53
Account No.		Trade Debt				
MOBILE MEDIA INC P O BOX 202008 MINNEAPOLIS, MN 55420-9800	-					1,004.00
Sheet no. <u>51</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						154,368.64

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
MOORE JOHN STEVEN DBA: JOHN STEVEN MOORE, DO 103 PARK VIEW CIRCLE PAULS VALLEY, OK 73075	-					27,263.00
Account No.		Trade Debt				
MORRIS SYSTEMS INCORPORATED 5504 DEMOCRACY DRIVE STE 220 PLANO, TX 75024	-					1,288.00
Account No.		Trade Debt				
MSC INDUSTRIAL SUPPLY CO INC 75 MAXESS ROAD MELVILLE, NY 11747	-					466.78
Account No.		11/30/2010 Patient Refund/Overpayment on Account				
MULLINS, JACK H 24183 N Pvt 3235 Drive Pauls Valley, OK 73075	-				X	18.44
Account No.		Trade Debt				
MXR OKLAHOMA CITY 4444 VIEWRIDGE AVE. SUITE A SAN DIEGO, CA 92123	-					582.51
Sheet no. 52 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						29,618.73

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
NATUS MEDICAL INC P O BOX 39000 SAN FRANCISCO, CA 94139	-					2,972.41
Account No.		Trade Debt				
NETSCRIPT (NETSCR) 235 CR 3520 CLARKSVILLE, AR 72830	-					15,473.04
Account No.		Trade Debt				
NORMAN PHYSICIAN HOSP ORG LLC P O BOX 987 NORMAN, OK 73070	-					25,853.58
Account No.		Trade Debt				
NORMAN REGIONAL HOSPITAL AUTH P O BOX 268961 OKLAHOMA CITY, OK 73126	-					168.52
Account No.		Trade Debt				
NURSEFINDERS P O BOX 910738 DALLAS, TX 75391-0738	-					18,079.06
Sheet no. <u>53</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						62,546.61

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
NURSES PRN STAFFING INC 615 N COMMERCE ST SUITE A ARDMORE, OK 73401-3940	-					343.84
Account No.		Trade Debt				
O F M Q INC 14000 QUAIL SPRINGS PKWY #400 OKLAHOMA CITY, OK 73134	-					1,250.00
Account No.		Trade Debt				
O G & E BOX 24990 OKLAHOMA CITY, OK 73124-0990	-					12,008.10
Account No.		Trade Debt				
O H C A SHEPHERD MALL 2401 N W 23RD ST SUITE 1A OKLAHOMA CITY, OK 73107	-					36.74
Account No.		Trade Debt				
O H E R F T DEPT. #96-0298 OKLAHOMA CITY, OK 73196-0298	-					250.00
Sheet no. 54 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						13,888.68

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. OCCUPATIONAL PERFORMANCE CORP 519 S SANTA FE SALINA, KS 67401		Trade Debt	-					192.50
Account No. ODYSSEY HEALTH CARE 2 WEST MAIN STE 200 ARDMORE, OK 73401		Trade Debt	-					8,693.50
Account No. OFFICEMAX CONTRACT INC P O BOX 101705 ATLANTA, GA 30392-1705		Trade Debt	-					2,379.86
Account No. OHCA PREMIUM ACCOUNT PREMIUM PAYMENT P O BOX 2038 OKLAHOMA CITY, OK 73101-2038		Trade Debt	-				X	141,827.00
Account No. OHH PHYSICIANS LLC ATTN: ACCT DEPARTMENT 3705 W MEMORIAL RD SUITE 702 OKLAHOMA CITY, OK 73134		Trade Debt	-					4,194.00
Sheet no. 55 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="text-align: right;"> Subtotal (Total of this page) </div>								157,286.86

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
OK STATE/EDUCA GRP INS BOARD ACCOUNTING DEPT P O BOX 58010 OKLAHOMA CITY, OK 73157-8010	-					56,361.32
Account No.		Trade Debt				
OKLA STATE DEPT OF HEALTH 100 VALLEY DRIVE PAULS VALLEY, OK 73075	-					2,173.06
Account No.		Trade Debt				
OKLAHOMA BLOOD INSTITUTE DEPT #96-0115 OKLAHOMA CITY, OK 73196-0115	-					42,068.50
Account No.		Trade Debt				
OKLAHOMA HEART HOSPITAL P O BOX 268864 OKLAHOMA CITY, OK 73126	-					363.10
Account No.		Trade Debt				
OKLAHOMA HOSPITAL ASSOCIATION 4000 LINCOLN BLVD OKLAHOMA CITY, OK 73105	-					3,941.75
Sheet no. <u>56</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						104,907.73

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
OKLAHOMAN P O BOX 268880 OKLAHOMA CITY, OK 73126-8880	-					52.57
Account No.		Trade Debt				
OPTIMAL PHARMACEUTICALS INC 8406 NORTH MAGNOLIA AVENUE SUITE D SANTEE, CA 92071	-					120.95
Account No.		Trade Debt				
OREILLY AUTO PARTS P O BOX 790098 ST LOUIS, MO 63179-0098	-					183.96
Account No.		Trade Debt				
ORTHOPAEDIC & SPORTS MEDICINE 825 E ROBINSON NORMAN, OK 73071	-					165.00
Account No.		Trade Debt				
OSAGE INDUSTRIES INC 6641 CHRISTOPHER DRIVE ST. LOUIS, MO 63129	-					360.14
Sheet no. 57 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						882.62

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
OWENS & MINOR 760001696 P O BOX 841420 DALLAS, TX 75284-1420	-					14,529.95
Account No.		Trade Debt				
P V CHAMBER OF COMMERCE DRAWER 638 PAULS VALLEY, OK 73075	-					1,250.00
Account No.		Trade Debt				
P V GENERAL HOSP FOUNDATION 100 VALLEY DRIVE PAULS VALLEY, OK 73075	-					365,290.00
Account No.		Trade Debt				
PANTHER ATHLETIC CLUB P O BOX 780 PAULS VALLEY, OK 73075	-					250.00
Account No.		11/30/2010 Patient Refund/Overpayment on Account				
PARKS, JAMES A 15842 N CR 3130 Maysville, OK 73057	-				X	336.70
Sheet no. 58 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						381,656.65

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
PARTSSOURCE P O BOX 64564 CINCINNATI, OH 45264-5186	-					1,389.83
Account No.		Trade Debt				
PATTERSON MEDICAL P O BOX 93040 CHICAGO, IL 60673-3040	-					320.38
Account No.		Trade Debt				
PAUL H BROOKS PUBLISHING COMPANY P O BOX 10624 BALTIMORE, MD 21285-0624	-					313.50
Account No.		Trade Debt				
PAULS VALLEY ACE HARDWARE C/O ELK SUPPLY COMPANY P O BOX 1509 CLINTON, OK 73601	-					79.99
Account No.		Trade Debt				
PAULS VALLEY DEMOCRAT P O BOX 790 PAULS VALLEY, OK 73075	-					553.54
Sheet no. <u>59</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,657.24

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
PAULS VALLEY HOSP AUXILIARY 100 VALLEY DRIVE PAULS VALLEY, OK 73075	-					1,535.85
Account No.		Trade Debt				
PAULS VALLEY ROTARY CLUB P O BOX 3 PAULS VALLEY, OK 73075	-					155.50
Account No.		Trade Debt				
PEPSI BEVERAGES COMPANY P O BOX 1218 ADA, OK 74820	-					584.70
Account No.		Trade Debt				
PERFORMANCE PHARMACY SYSTEMS 5614 36TH AVE NORTH ST. PETERSBURG, FL 33710	-					1,259.81
Account No.		9/1/2010 Patient Refund/Overpayment on Account				
PERRY, RONNIE C 1101 N Taylor Wynnewood, OK 73098	-				X	20.00
Sheet no. <u>60</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,555.86

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		11/30/2010				
PERRY, RONNIE C 1101 N Taylor Wynnewood, OK 73098	-	Patient Refund/Overpayment on Account			X	20.00
Account No.		1/31/2011				
PERRY, RONNIE C 1101 N Taylor Wynnewood, OK 73098	-	Patient Refund/Overpayment on Account			X	15.01
Account No.		Trade Debt				
PHILADELPHIA INSURANCE COS. P O BOX 70251 PHILADELPHIA, PA 19176-0251	-					3,501.00
Account No.		Trade Debt				
PHILIPS HEALTHCARE P O BOX 100355 ATLANTA, GA 30384-0355	-					4,775.22
Account No.		Trade Debt				
PHILIPS MEDICAL SYSTEMS PHILIPS HEALTHCARE P O BOX 100355 ATLANTA, GA 30384-0355	-					1,140.75
Sheet no. <u>61</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						9,451.98

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
PHYSICIANS AND SURGEONS 200 MELVILLE DR PAULS VALLEY, OK 73075	-					14,910.56
Account No.		Trade Debt				
PHYSIO-CONTROL, INC. 12100 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	-					1,517.96
Account No.		Trade Debt				
PITNEY BOWES INC (SUPPLIES) P O BOX 371896 PITTSBURG, PA 15250-7896	-					158.08
Account No.		Trade Debt				
PITNEY BOWES POSTAGE BY PHONE C/O PURCHASE POWER P O BOX 371874 PITTSBURG, PA 15250-7874	-					3,762.19
Account No.		10/31/2010 Patient Refund/Overpayment on Account			X	
POPE, CHARLA J 405 S W 4th Lindsay, OK 73052	-					260.40
Sheet no. <u>62</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						20,609.19

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. POPE, MARY J 729 N Oak Pauls Valley, OK 73075	-	11/30/2010 Patient Refund/Overpayment on Account			X	24.97
Account No. POSEY COMPANY 5635 PECK ROAD ARCADIA, CA 91006	-	Trade Debt				173.90
Account No. POYNER, ROGER A 31901 E CR 1590 Pauls Valley, OK 73075	-	9/1/2010 Patient Refund/Overpayment on Account			X	25.00
Account No. POYNER, ROGER A 13901 E CR 1590 Pauls Valley, OK 73075	-	11/30/2010 Patient Refund/Overpayment on Account			X	25.00
Account No. PREMIUM FINANCING SPECIALISTS P O BOX 35408 TULSA, OK 74153	-	Trade Debt				18,260.75
Sheet no. <u>63</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 18,509.62

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
PRIMARY PHARMACEUTICALS 1019 GOVERNMENT ST. SUITE E OCEAN SPRINGS, MS 39564	-					743.08
Account No.		Trade Debt				
PRINTER WORKS C/O MARBLE BRIDGE FUNDING GRP INC P O BOX 8195 WALNUT CREEK, CA 94596	-					297.00
Account No.		Trade Debt				
PSA CONSULTING ENGINEERS, INC 3031 N.W. 64TH STREET STE 101 OKLAHOMA CITY, OK 73116	-					4,117.65
Account No.		Trade Debt				
PURCELL MUNICIPAL HOSPITAL P O BOX 511 PURCELL, OK 73080-1699	-					27.62
Account No.		Trade Debt				
PURCELL REGISTER P O BOX 191 PURCELL, OK 73080	-					28.00
Sheet no. <u>64</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,213.35

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
PVGH LABORATORY SERVICES 100 VALLEY DRIVE PAULS VALLEY, OK 73075	-					89.90
Account No.		Trade Debt				
QUADRAMED DEPT LA 23665 PASADINA, CA 91185-3665	-					5,066.86
Account No.		Trade Debt				
R S V P ANSWERING SERVICES 501 WEST EDMOND RAOD EDMOND, OK 73003-5622	-					546.00
Account No.		Trade Debt				
RADIOLOGY SERVICES OF ARDMORE P O BOX 518 ARDMORE, OK 73402	-					95.00
Account No.		Trade Debt				
RAYS 10901 W TOLLER DRIVE SUITE 105 LITTLETON, CO 80127	-					5,180.00
Sheet no. <u>65</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						10,977.76

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. REAVIS DME ATTN: DME P O BOX 1220 PAULS VALLEY, OK 73075	-	Trade Debt				64,586.54
Account No. REAVIS SUPER DRUG BOX 1220 PAULS VALLEY, OK 73075	-	Trade Debt				31,862.23
Account No. REAVIS, P O Box 1220 Pauls Valley, OK 73075	-	8/31/2010 Patient Refund/Overpayment on Account			X	25.74
Account No. REAVIS, P O Box 1220 Pauls Valley, OK 73075	-	8/31/2010 Patient Refund/Overpayment on Account			X	30.06
Account No. RELY ON REHAB PC. 1114 GROVER LANE NORMAN, OK 73069	-	Trade Debt				1,266.52
Sheet no. <u>66</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 97,771.09

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. REYNOLDS, WYNONA V 202 Larry Lane # B9 Pauls Valley, OK 73075	-	11/30/2010 Patient Refund/Overpayment on Account			X	72.96
Account No. RF TECHNOLOGIES, INC. P O BOX 1170 MILWAUKEE, WI 53201-1170	-	Trade Debt				1,319.31
Account No. RICHARD WOLF MEDICAL INSTRUMENTS 353 CORPORATE WOODS PARKWAY VERNON HILLS, IL 60061	-	Trade Debt				2,216.60
Account No. RNA MEDICAL ATTN: ACCTS RECEIVABLE 7 JACKSON ROAD DEVENS, MA 01434-4026	-	Trade Debt				338.00
Account No. ROBINSON, MARGARET A 305 East Lindsey Elmore City, OK 73433	-	11/30/2010 Patient Refund/Overpayment on Account			X	60.00
Sheet no. <u>67</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,006.87

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. SA-SO 525 N GREAT SOUTHWEST PKWY ARLINGTON, TX 76011		Trade Debt					134.12
Account No. SANCHEZ, DOMITILA P Rt 3 Box 17A Pauls Valley, OK 73075		1/31/2011 Patient Refund/Overpayment on Account				X	35.00
Account No. SARA LEE BAKERY GRP/EARTHGRAIN P O BOX 4412 BRIDGETON, MO 63044-4412		Trade Debt					460.59
Account No. SAVAGE SPORTS BOOSTERS P O BOX 623 WYNNEWOOD, OK 73098		Trade Debt					445.00
Account No. SCOTT, DAWN L P O Box 298 Elmore City, OK 73433		1/31/2011 Patient Refund/Overpayment on Account				X	250.00
Sheet no. <u>68</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 1,324.71

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
SECURITY CHECK P O BOX 14189 OKLAHOMA CITY, OK 73113	-					78.00
Account No.		Trade Debt				
SHERWIN-WILLIAMS COMPANY 502 S CHICKASAW PAULS VALLEY, OK 73075	-					195.51
Account No.		Trade Debt				
SHIRE REGENERATIVE MEDICINE ABH COLLECTION ACCOUNT DEPARTMENT 3292 CAROL STREAM, IL 60132-3292	-					12,240.00
Account No.		Trade Debt				
SHRED IT 11101 FRANKLIN AVENUE FRANKLIN PARK, IL 60131-1403	-					142.65
Account No.		Trade Debt				
SIEMENS HEALTHCARE DIAGNOSTICS P O BOX 121102 DALLAS, TX 75312-1102	-					5,122.15
Sheet no. <u>69</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						17,778.31

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
SIGHTPATH MEDICAL 5775 WEST OLD SHAKOPEE ROAD SUITE 90 BLOOMINGTON, MN 55437	-					21,158.00
Account No.		Trade Debt				
SIGMA INTERNATIONAL P O BOX 64695 BALTIMORE, MD 21264	-					211.16
Account No.		Trade Debt				
SKYTRON 16208 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	-					429.60
Account No.		Trade Debt				
SOONER MOBILE XRAY INC 1111 WEST WILLOW SUITE 103 DUNCAN, OK 73533	-					285.77
Account No.		Trade Debt				
SOUTHEASTERN EMERGENCY EQUIP P O BOX 1097 YOUNGSVILLE, NC 27596-1097	-					33.95
Sheet no. <u>70</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						22,118.48

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
SOUTHERN OKLAHOMA PATHOLOGY 421 N MONTA VISTA ADA, OK 74820	-					18,000.00
Account No.		Trade Debt				
SOUTHWEST XRAY COMPANY 11419 MATHIS SUITE 208 DALLAS, TX 75234	-					1,750.54
Account No.		Trade Debt				
SOUTHWESTERN DIRECTORY COMPANY P O BOX 7152 MOORE, OK 73153	-					763.00
Account No.		Trade Debt				
ST ANTHONY MARKETING 1000 NORTH LEE OKLAHOMA CITY, OK 73102	-					796.50
Account No.		Trade Debt				
ST ANTHONY PHARMACY ATTN: MELISSA WOOLRIDGE 1000 N LEE OKLAHOMA CITY, OK 73102	-					106.00
Sheet no. <u>71</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						21,416.04

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
ST JOHN RECORD PROGRAMS P O BOX 51263 LOS ANGELES, CA 90051-5563	-					358.64
Account No.		Trade Debt				
STANDARD REGISTER P O BOX 840655 DALLAS, TX 75284-0655	-					4,124.02
Account No.		Trade Debt				
STANDRIDGE TIRE CENTER 101 N ASH PAULS VALLEY, OK 73075	-					34.00
Account No.		Trade Debt				
STANFILL, JOHN 18405 AUBURN MEADOWS DRIVE EDMOND, OK 73012	-					81.81
Account No.		Trade Debt				
STAPLES PRINT SOLUTIONS P O BOX 71928 CHICAGO, IL 60694	-					90.29
Sheet no. <u>72</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						4,688.76

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
STERIS CORPORATION P O BOX 676548 DALLAS, TX 75267-6548	-					2,279.89
Account No.		Trade Debt				
STRETCHWELL, INC. P O BOX 3081 WARMINSTER, PA 18974	-					32.80
Account No.		Trade Debt				
STRYKER ENDOSCOPY C/O STRYKER SALES CORP P O BOX 93276 CHICAGO, IL 60673	-					11,054.99
Account No.		Trade Debt				
STRYKER SALES CORP P O BOX 93308 CHICAGO, IL 60673-3308	-					349.67
Account No.		Trade Debt				
SUDDENLINK P O BOX 660365 DALLAS, TX 75266-0365	-					642.47
Sheet no. <u>73</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						14,359.82

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. SUGGS, JERRY R 115 Miller Dr Pauls Valley, OK 73075	-	1/31/2011 Patient Refund/Overpayment on Account			X	20.00	
Account No. SUPERIOR FIRE PROTECTION, INC. P O BOX 7480 MONROE, LA 71211-7480	-	Trade Debt				175.00	
Account No. SUTURE EXPRESS P O BOX 842806 KANSAS CITY, MO 64184-2806	-	Trade Debt				527.27	
Account No. SWAT COMMITTEE 100 VALLEY DRIVE PAULS VALLEY, OK 73075	-	Trade Debt				71.00	
Account No. SWIFT VIEW INC P O BOX 5000 PORTLAND, OR 92708-5000	-	Trade Debt				2,394.00	
Sheet no. <u>74</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	3,187.27

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
TACY MEDICAL P O BOX 15807 FERNANDINA BEACH, FL 32035	-					101.29
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
TALKINGTON, MELINDA K P O Box 685 Pauls Valley, OK 73075	-				X	60.00
Account No.		Trade Debt				
TAYLOR TECHNOLOGIES INC 31 LOVETON CIRCLE SPARKS, MD 21152	-					97.96
Account No.		Trade Debt				
TEAM MEDICAL 3421 GARY DRIVE PLANO, TX 75023	-					629.97
Account No.		Trade Debt				
TELEFLEX MEDICAL P O BOX 601608 CHARLOTTE, NC 28260-1608	-					144.64
Sheet no. <u>75</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,033.86

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			11/30/2010				
TEMPLE, SETH D Rt 1 Box 25809 Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			X	22.93
Account No.			Trade Debt				
THERACOM LLC P O BOX 640105 CINCINNATI, OH 45264-0105		-					6,812.35
Account No.			Trade Debt				
THIRD HELIX TECHNOLOGY 810 WEST MAINE ENID, OK 73701		-					4,893.00
Account No.			Trade Debt				
THOMPSON BOBBY G 2503 COUNTRYSIDE CIRCLE SPICEWOOD, TX 78669		-					10,678.50
Account No.			10/31/2010				
TORRES-LONG, PAULA 201 East G Street Elmore City, OK 73433		-	Patient Refund/Overpayment on Account			X	38.37
Sheet no. 76 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 22,445.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		10/31/2010				
TORRES-LONG, PAULA 201 East G Street Elmore City, OK 73433	-	Patient Refund/Overpayment on Account			X	449.55
Account No.		10/31/2010				
TORRES-LONG, PAULA 201 East G Street Elmore City, OK 73433	-	Patient Refund/Overpayment on Account			X	52.33
Account No.		10/31/2010				
TORRES-LONG, PAULA 201 East G Street Elmore City, OK 73433	-	Patient Refund/Overpayment on Account			X	480.85
Account No.		Trade Debt				
TOTAL ELECTRIC OF OK, INC. P O BOX 87 PAULS VALLEY, OK 73075	-					783.75
Account No.		Trade Debt				
TOTAL MEDICAL PERSONNEL STAFNG P O BOX 26243 OKLAHOMA CITY, OK 73126	-					138,945.38
Sheet no. <u>77</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						140,711.86

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
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Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		9/1/2010				
TURNER, MARY L 202 East E Street Elmore City, OK 73433	-	Patient Refund/Overpayment on Account			X	20.00
Account No.		11/30/2010				
TURNER, MARY L 202 East E Street Elmore City, OK 73433	-	Patient Refund/Overpayment on Account			X	20.00
Account No.		Trade Debt				
U S FOOD SERVICE P O BOX 973118 DALLAS, TX 75397-3118	-					8,908.92
Account No.		Trade Debt				
UNIQUE PHARMACEUTICAL 5920 SOUTH GEN. BRUCE DRIVE TEMPLE, TX 76502	-					281.79
Account No.		Trade Debt				
UNIVERSAL BUSINESS SYS/FORMS 5326 W CRENSHAW ST TAMPA, FL 33634	-					211.10
Sheet no. 78 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						9,441.81

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
VIDACARE CORPORATION DEPT 2474 PO BOX 122474 DALLAS, TX 75312-2474	-					351.04
Account No.		Trade Debt				
VIDEOWORKERS LLC 28107 S 4250 RD INOLA, OK 74036	-					500.00
Account No.		Trade Debt				
VITAL SYSTEMS OF OKLAHOMA, INC 1106 E HWY 152 MUSTANG, OK 73064	-					3,900.00
Account No.		Trade Debt				
VITALOGRAPH INC. P O BOX 26024 KANSAS CITY, MO 64196	-					71.00
Account No.		Trade Debt				
WASHITA EMERGENCY PHYSICIANS 1000 RIVER ROAD SUITE 100 CONSHOHOCKEN, PA 19428-2437	-					246.37
Sheet no. <u>79</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,068.41

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
WATER QUALITY CONTROL, INC. 4205 N W 147TH STREET OKLAHOMA CITY, OK 73134-1812	-					389.00
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
WATSON, VIOLA M c/o Bob Watson 12 Lower Oak Grove Rd French Town, NJ 08825	-				X	18.90
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
WATSON, VIOLA M c/o Bob Watson 12 Lower Oak Grove Rd French Town, NJ 08825	-				X	18.88
Account No.		Trade Debt				
WES ENTERPRISES L.P. 108 HILL STREET KELLER, TX 76248	-					2,924.80
Account No.		Trade Debt				
WESCO DISTRIBUTION, INC. ABA 043000096 P O BOX 676780 DALLAS, TX 75267-6780	-					399.04
Sheet no. 80 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,750.62

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Trade Debt				
WI STATE LAB OF HYGIENE P O BOX 78770 MADISON, WI 53278-0770	-					7,534.00
Account No.		Trade Debt				
WILKS PUBLICATIONS INC 170 E MAIN ST SUITE D PMB 277 HENDERSONVILLE, TN 37075	-					273.00
Account No.		1/31/2011 Patient Refund/Overpayment on Account				
WIMBERLY, SONYA D 34996 E CR 1650 Wynnewood, OK 73098	-				X	123.50
Account No.		Trade Debt				
WOLTERS KLUWER HEALTH INC. P O BOX 1590 HAGERSTOWN, MD 21741-1590	-					97.91
Account No.		9/1/2010 Patient Refund/Overpayment on Account				
WYATT, KATHY B P O Box 1142 Pauls Valley, OK 73075	-				X	25.00
Sheet no. <u>81</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						8,053.41

B6F (Official Form 6F) (12/07) - Cont.

In re **Pauls Valley Hospital Authority d/b/a
Pauls Valley General Hospital**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		11/30/2010				
WYATT, KATHY B P O Box 1142 Pauls Valley, OK 73075	-	Patient Refund/Overpayment on Account			X	25.00
Account No.		Trade Debt				
WYNNEWOOD CHAMBER OF COMMERCE P O BOX 616 WYNNEWOOD, OK 73098	-					120.00
Account No.		Trade Debt				
WYNNEWOOD CITY UTILITIES AUTHR 207 WEST ROB'T S. KERR BLVD WYNNEWOOD, OK 73098	-					709.26
Account No.		Trade Debt				
WYNNEWOOD GAZETTE P O BOX 309 WYNNEWOOD, OK 73098	-					591.25
Account No.		9/1/2010				
ZACHRY, DOROTHY J 217 N Locust Pauls Valley, OK 73075	-	Patient Refund/Overpayment on Account			X	160.00
Sheet no. 82 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,605.51
(Report on Summary of Schedules)						Total 3,424,565.62

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Western District of Oklahoma**

In re **Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital**
Debtor(s)

Case No. _____
Chapter **9**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Chairman of the Pauls Valley Hospital Authority of the Municipality named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **98** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 1, 2013**

Signature **/s/ Tim Gamble**
Tim Gamble
Chairman of the Pauls Valley Hospital Authority

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Western District of Oklahoma**

In re **Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital**
Debtor(s)

Case No. _____
Chapter **9**

VERIFICATION OF CREDITOR MATRIX

I, the Chairman of the Pauls Valley Hospital Authority of the Municipality named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **March 1, 2013**

/s/ Tim Gamble
Tim Gamble/Chairman of the Pauls Valley Hospital Authority
Signer/Title